PRINTED: 03/08/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPP IDENTIFICATION TN5801		LIER/CLIA NUMBER:	(X2) MUL A. BUILD B. WING		(X3) DATE S COMPLI	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPP	UER	CTDEET AS	500000000000000000000000000000000000000		03/0	2/2011	
BRIDGE AT SOUTH PITT		201 EAS	T 10TH STR	STATE, ZIP CODE EET TN 37380			
TAG REGULATORY	REGULATORY OR LSC IDENTIFYING INFORM		ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED TO DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLE DATE	
annual Licensus through March : Pittsburg. No do to the complaint Nursing Homes 1200-8-605(5): Transfers (5) Facilities util to provide survey the following per the secured unit. (a) Documentating has been evaluated consisting of at least a registered nurse patient care advounit; This Rule is not in Based on medical interview, the facil interdisciplinary even the secure unit for reviewed on the secure uni	f complaints #26807, #2 6535 were completed were survey conducted Fel 2, 2011, at The Bridge A deficiencies were cited in ts under 1200-8-6, Stand (a) Admissions, Dischar (b) Ising secured units musty staff with twelve (12) in formance information spand its residents: (a) Admissions, Dischar (b) Ising secured units musty staff with twelve (12) in formance information spand its residents: (b) It is a social experimental	ath the bruary 28 At South a relation dards for ges, and st be able nonths of pecific to esident by tearn all worker, (or e to the since to ents	N 000	N 507 1200-8-6.05(5); and transfers (5) Facilities utilizing s provide survey staff wire following performance secured unit and its resi (a) Documentation that been evaluated by an in consisting of at least a necession.	ecured units must be able th twelve (12) months of information specific to a dents: cach secured resident hat terdisciplinary team physician, a social worker amily member (or patien admittance to the unit; ated for SCU admission ffected: the SCU have the potent ad practice. Residents tha CU were evaluated for truent will complete the residents referred to the The Admission check ist ision screen to the SCU esignee will review all the SCU x 4 weeks then designee will report any administrator. Identified immediately and	3 31 22 e to the he s t t	
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NAME OF PROVIDER OR SUPPLIER BRIDGE AT SOUTH PITTSBURG, THE 201 EAST 10TH STREET SOUTH PITTSBURG, TN 37380 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) N 507 Continued From page 1 STREET ADDRESS. CITY. STATE, ZIP CODE 201 EAST 10TH STREET SOUTH PITTSBURG, TN 37380 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 507 N 508 N 507 N 507 N 508 N 507 N 508 N 507	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU TN5801	ER/CLIA JMBER:	(X2) MUL A. BUILDI B. WING		(X3) DATE SUR COMPLETE	
DRIDGE AT SOUTH PITTSBURG, THE 201 EAST 10TH STREET SOUTH PITTSBURG, TN 37380 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREGULATION OF LS DEMITTIYING INFORMATION) N 507 Continued From page 1 N 507 Medical record review revealed no documentation the resident had been evaluated by the interdisciplinary team prior to admittance to the secure unit. Observation on March 2, 2011, at 9:15 a.m., revealed the resident sitting on a chair, in the dayroom of the sectire unit. Interview on March 2, 2011, at 8:10 a.m., with the Social Worker, in the social services office, confirmed the resident was not evaluated by the interdisciplinary team prior to admittance to the secure unit. N 508 1200-8-6-05(5)(b) Admissions, Discharges, and Transfers (5) Facilities utilizing secured units must be able to provide survey staff with twelve (12) months of the following performance information specific to the secured unit and its residents: (b) Ongoing and up-to-date documentation of quarterly review by each resident secured units must be able to provide survey staff with twelve (12) months of the following performance information specific to the secured unit and its residents: (b) Ongoing and up-to-date documentation of quarterly review by each resident secured unit; This Rule is not met as evidenced by: Based on medical record review, observation, and interview the facility failed to complete a quarterly interdisciplinary team eview as to the appropriate placement on the secure unit. Manitoring changes: The Administrator/designee will report areas of concern with follow-up to the monthly QA.	NAME OF	PROVIDER OR SUPPLIER	111001	STREET ADI	DOESE CITY	CTATE Dur Com-	03/6	02/2011
N 507 Continued From page 1 Medical record review revealed no documentation the resident had been evaluated by the interdisciplinary team prior to admittance to the secure unit. Observation on March 2, 2011, at 9:15 a.m., revealed the resident sitting on a chair, in the dayroom of the secure unit. Interview on March 2, 2011, at 8:10 a.m., with the Social Worker, in the social services office, confirmed the resident was not evaluated by the interdisciplinary team prior to admittance to the secure unit. N 508 N 509 N 509 N 507 N 507 N 507 N 508 N			IRG, THE	201 EAST	10TH STR	EET .		31000 3 4
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The state of the s	N 508	Medical record reviethe resident had beinterdisciplinary teal secure unit. Observation on Marrevealed the resident dayroom of the secure unit. Interview on March 2 Social Worker, in the confirmed the reside interdisciplinary team secure unit. 1200-8-6-,05(5)(b) A Transfers (5) Facilities utilizing to provide survey statistic following performative following performative secured unit and interdisciplinary team of placement in the secured in the secured unit and interdisciplinary team of placement in the secured unit and interdisciplinary team of placement in the secured unit and interview the facility of propriate placement in the secured unit and interview the facility of propriate placement in the secured unit and interview the facility of propriate placement in the secured uniterview the f	ew revealed no document evaluated by the magnetic prior to admittance on the secure of the secure of the experience of t	to the .m., the with the ee, by the to the es, and be able onths of coffic to n of eness		(5) Facilities utilizing s provide survey staff wir following performance secured unit and its resi (b) Ongoing and up-to-quarterly review by each team as to the appropriate secured unit; Resident affected: Resident #20 quarterly rappropriate placement for Resident potentially aff All residents on the SCU affected by this cited pracurrently reside on the SC reviews completed. Systemic measuring: The Social services depart quarterly reviews with the residents admitted to the idepartment will create an quarterly reviews for appropriate audit tool weekly x 4 velucation will be provide concern. Monitoring changes: The Administrator/designed.	ecured units must be all htwelve (12 months of information specific to dents: late documentation of a resident's interdiscipleness of placement in eview was completed for SCU. The second of the sec	3 31 de to fine the the the the for

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ER/CLIA IMBER:	(X2) MULTI A. BUILDIN B. WING	PLE CONSTRU	TRUCTION		(X3) DATE SURVEY COMPLETED		
NAME OF	PROVIDER OR SUPPLIER	1113001	STREET AD	DRESS, CITY, S	TATE 7ID OO			03/0	2/2011
BRIDGE	AT SOUTH PITTSBU	_ 2	201 EAST SOUTH P	10TH STRE	ET ·)E			
(X4) ID PREFIX TAG	LEACH DEFICIENCY	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	C111.1	ID PREFIX TAG	(EACH	VIDER'S PLAN OF CORRECTIVE ACT EFERENCED TO T DEFICIENC	TON SHOUL	DDE	(X5) COMPLETE DATE
	Continued From particle Resident #20 was a the facility on Nover including Alcohol Intervence of Psychosis, Altered Medical record revise a quarterly interdiscing completed to determine the second revealed resident #2 dining room, located interview on March 1 Social Worker, in the confirmed the quarter review had not been appropriate placement	admitted to the secure mber 18, 2010, with a duced Persisting Der Mental Status, and View revealed no docur iplinary team review in the appropriate cure unit. 1. 2011, at 7:45 a. o eating breakfast in on the secure unit. 2. 2011, at 4:55 p.m., a social services officerly interdisciplinary teams.	mentation had been with the	N 508		DEFICIENC			